

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013277

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 6 1962

Registration District No.

318

Primary Registration District

1003

Registrar's No.

3386

STATE FILE NUMBER

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTYc. CITY
OR
TOWN **St. Louis**Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **5933 Thekla Ave.**Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS **5933 Thekla Avenue**Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
JOHN

Middle

Last
UNFER4. DATE
OF
DEATH

Month

Day

Year

March 30th, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
5/26/18909. AGE (last birthday)
71IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Shoe Salesman10b. KIND OF BUSINESS OR INDUSTRY
Willams Shoe Co.11. BIRTHPLACE (City and state or country)
Old Monroe, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Fred Unfer

13b. MOTHER'S MAIDEN NAME

Christine App

14. NAME OF HUSBAND OR WIFE

Minnie Unfer15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, **no** or unknown) (If yes, give dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Minnie Unfer 5933 Thekla Ave.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary artery occlusionINTERVAL BETWEEN
ONSET AND DEATH**instant**Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease**10 yrs.**

DUE TO (c)

Diabetes Mellitus**unknown**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)**Hypertension****260x**PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.
p.m.**no injury**20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **May 17 1961** to **March 30 1962**
Death occurred at **12:15** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

CRush McAdam MD.

22b. ADDRESS

7576 Horissant Rd.

22c. DATE SIGNED

3-30-6223a. BURIAL, CREMATION,
REMOVAL (Specify)**Removal**

23b. DATE

4/2/62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

JOHN STYGAR & SON - 5541 RIVERVIEW BLVD

25. DATE RECD. BY LOCAL REG.

MAR 30 1962

26. REGISTRAR'S SIGNATURE

Ed Smith, M.D.USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

JW Rister

Licensed Embalmer No. 3980

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.